

Erasmus School of
Health Policy
& Management

Room for Resilience

Changing accountability mechanisms in the relation
between WAI and WAD

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Horizontal accountability

- In teams between healthcare professionals
- Learning and reflection on healthcare practice

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Vertical accountability

- To supervisors, managers and external regulators
- Often consists of indicators designed from a WAI perspective

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Action research in
6 teams in 3 hospitals

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Leiden University Medical Center

1. Pressure ulcers, Neurology
2. Medication verification process, Obstetrics



Elisabeth TweeSteden Ziekenhuis

1. Instruments, Operating Rooms
2. Collaboration acute short stay, Emergency Department



Amphia

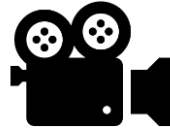
1. Pain assessment, Vascular Surgery
2. Parenteral medication (IV), Gastroenterology



Working on horizontal accountability



Mini audits



Video
reflection



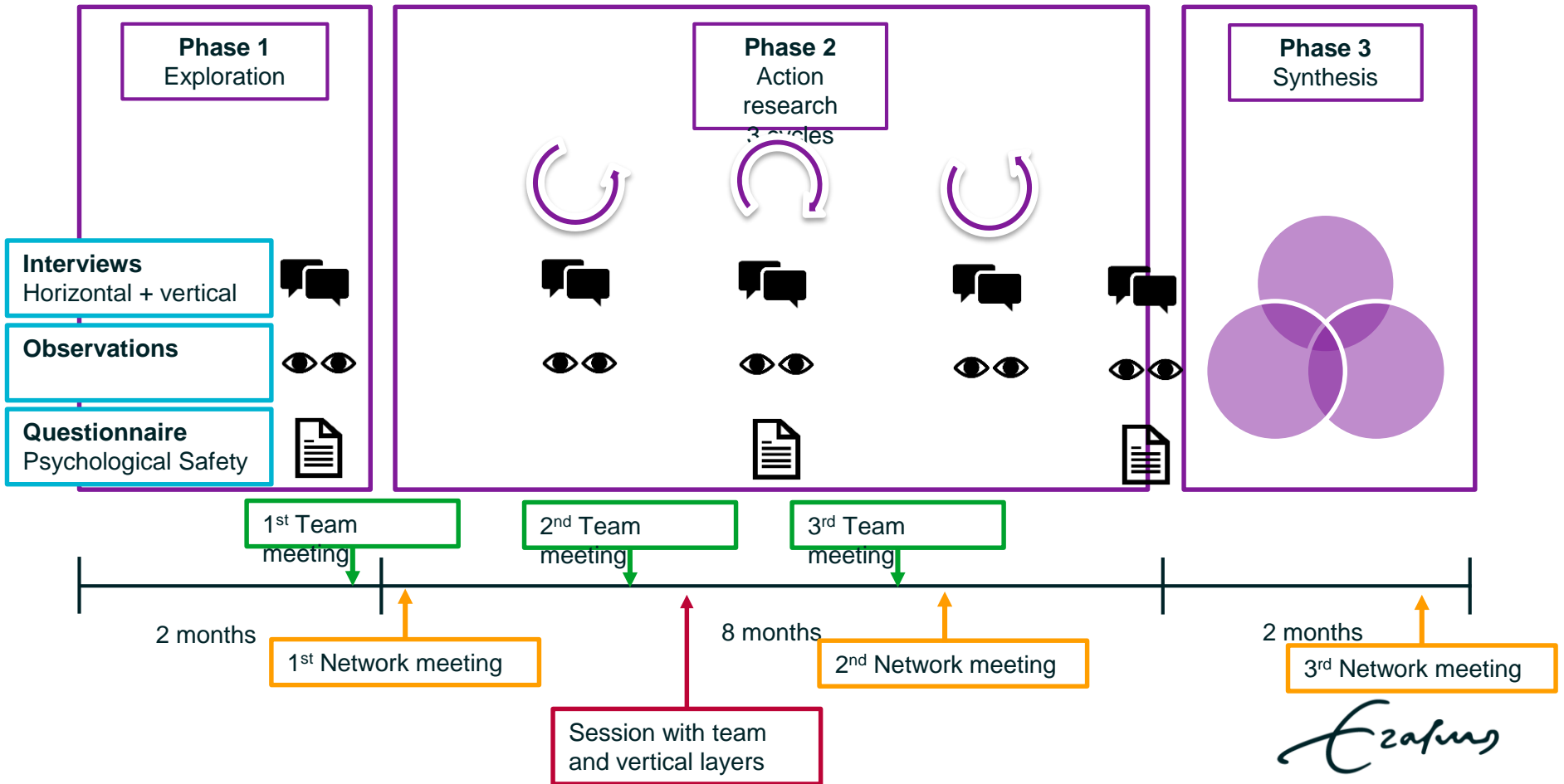
Structured
team
meetings



Other

*And at the same time explore alternative ways of
vertical accountability (e.g. narrative accountability)*

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Ezra

Results

What we found at the start (phase 1)

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Presence of horizontal accountability

The Quality talk about clinical processes

- Related to individual patient treatment, incidents
- Little organized team discussions about quality on the six themes

Different perspectives

- Professionals look differently at the processes and what is the right approach
- As a consequence, working methods differed

Gap between WAI and WAD has different reasons

- Practical reasons, e.g. due to staff or time shortage
- Normative reasons, e.g. perceived absence of safety risks
- Fundamental considerations, e.g. focus on acute needs instead of protocol

Ezafus

Vertical accountability

Structure of vertical accountability processes

- For most processes, data needed to be registered as input for indicator scores
- Indicator scores predominantly concerned whether a process or activity had been registered and was seldomly linked to actual clinical outcomes

Managers need for grip and control

- Managers had different experiences whether they had a clear view on quality
- Indicators designed from a WAI-perspective function as a tool to grasp this, but in practice then become a synonym for high quality

Impact of vertical accountability

- Perception that indicators are mainly for external regulators, and do not necessarily say anything about quality (false sense of safety)
- Not only a barrier: also a felt lack of involvement from vertical layers

Ezafun

Impact on reflection and learning

Accountability: a focus on registering indicators

- Feedback does not meet needs and at times based on incorrect numbers or too much focused on WAI → this results in discussion about validity of scores
- Professionals might focus on the registration when prompted, but are not stimulated to have discussions about the quality of their clinical work.

But also other factors important (next to accountability)

- Previous attempts at quality improvement
- Organizational context, e.g. social cohesion of teams, budget cuts, history of external intervention by regulator

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Next steps

Ongoing quality improvement processes (phase 2)

The Erasmus logo, featuring the word "Erasmus" in a stylized, cursive script.

Working on quality from a Safety II perspective

Different methods to reflect in teams

Multidisciplinary case reflections, deep democracy sessions, multidisciplinary reflections during patient rounds, 1-on-1 mini-audits

Different consequences in the vertical layers

From agreements to have different discussions between team and management, to the intention to drop 80% of process indicators and consult the regulator about this

Issues

Organizational challenges, e.g. support of quality advisors, different working schedules of involved professions

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